TOTAL

ADD'L FEE

OR

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 0697338 Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) FOR BASIC FEE N/A N/A N/A N/A (37 CFR 1.16(a), (b), or (c)) SEARCH FEE N/A N/A N/A N/A (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** N/A N/A N/A N/A (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(i)) INDEPENDENT CLAIMS minus 3 = = х (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each FEE additional 50 sheets or fraction thereof. See (37 CFR 1.16(s)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) N/A N/A TOTAL TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR 7.13.05 (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS **HIGHEST** PRESENT REMAINING NUMBER RATE (\$) ADDI-RATE (\$) ADDI-4 **PREVIOUSLY FXTRA** TIONAL TIONAL **AFTER** EN AMENDMENT PAID FOR FEE (\$) FEE (\$) Minus 27 Total ENDMI (37 CFR 1.16(I)) OR Independent (37 CFR 1.16(h)) Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR N/A N/A TOTAL W TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS PRESENT REMAINING NUMBER RATE (\$) ADDI-RATE (\$) ADDI- $\mathbf{\omega}$ **PREVIOUSLY EXTRA** TIONAL TIONAL AFTER DMENT AMENDMENT PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.16(i)) Minus OR Independent (37 CFR 1.16(h)) Minus Z x OR × = Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J)) N/A OR N/A

\*" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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TOTAL

ADD'L FEE

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<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.